

ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PARO00014951

.12/19/95

PENSKE AUTO CTR

3270 W BIG BEAVER RD

TROY - MI 480843163

DAVID TATUM MGR SPEC PROJ

INSTALLATION ADDRESS

8801-8899 TORRESDALE AVE SEC B PHILADELPHIA PA 119136

EPA Form 8700-12A (6-90)

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

EC7

1995

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| L Installation's EPA ID Number (Mark 'X' in the appropriate box) | |
| A. First Notification B. Subsequent Notification (Complete Item C) | C. Installation's EPA ID Number R v v v 1 4 9 5 1 |
| II. Name of Installation (Include company and specific site name) | |
| PENSKE AUTO CENTER | |
| III. Location of Installation (Physical address not P.O. Box or Route Number) | |
| Street | |
| 8801-8899 TORRESDAL | LEAUE |
| Street (Continued) | |
| SECTIONB | |
| City or Town | State Zip Code |
| PHILADELPHIA | PA19136- |
| County Code County Name | |
| 101 PHILADELPHIA | |
| IV. Installation Mailing Address (See Instructions) | |
| Street or P.O. Box | |
| 3270 W BIG BEAVER | RD |
| City or Town | State Zip Code |
| TROY | MI48084-3163 |
| V. Installation Contact (Person to be contacted regarding waste activities at sit | re) |
| Name (Last) (First) | |
| TATUM | ID |
| Job Title Phone Numb | ber (Area Code and Number) |
| MGR SPEC PROT 810 | - 643-5171 |
| VL Installation Contact Address (See Instructions) | |
| A Contract Address Location Mailting Other B. Street or P.O. Box | |
| | |
| City or Town | State Zip Code |
| | |
| VIL Ownership (See Instructions) | |
| A. Name of installation's Legal Owner | |
| PENSKE AUTO CENTER | INC |
| Street, P.O. Box, of Route Number | |
| 3270 W BIG BEAVER | RD |
| City or Town | State Zip Code |
| TROY | MI48084-3163 |
| Phone Number (Area Code and Number) B. Land Type C. Owner T | ype D. Change of Owner (Date Changed) Indicator Month Day Year |
| 810-1110 P | Yes No 120195 |

| a. Greater than 100kg/mo (2,200 lbs.) installation, Note:-A. permit. is required, for this activity; see instructions. c. Less than, 100 kg/mo (202 0 lbs.) required, for this activity; see instructions. Transporter (Indicate Mode in boxes 1.5 | | | ID - For Official Use Only |
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| A. Hazardous Waste Activity Generator (See instructions) Generat | /III - | | |
| Generator (See instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (20,200 lbs.) c. Less than 100 kg/mo (200 lbs.) Transporter (Indicate Mode in boxes 1-5 below) b. For commercial purposes Code of Transportation 1. Air Indicate Type of Combustion Process of South Indicate Type of Combustion Process of Activity(Ies) 2. Rail Developed Indicate Type of Combustion Process of South Indicate Type of Combustion Processor (Indicate Type of Combustion Processor) Description of Hazardous Wastes (Use additional sheets if necessary) Characteristics of Nonlisted Hazardous Wastes. (Marx X in the boxes corresponding to the characteristics of Nonlisted Hazardous Wastes. (Marx X in the boxes corresponding to the characteristics of Nonlisted Processor (Indicate Type of Combustion Processor) Characteristics of Nonlisted Hazardous Wastes. (Marx X in the boxes corresponding to the characteristics of Nonlisted Hazardous Wastes. (Marx X in the boxes corresponding to the characteristics of Nonlisted Hazardous Wastes. (Marx X in the boxes corresponding to the characteristics of Nonlisted Hazardous Wastes. (Marx X in the boxes corresponding to the characteristics of Nonlisted Hazardous Wastes. (Marx X in the boxes corresponding to the characteristics of Nonlisted Hazardous Wastes. (Marx X in the boxes corresponding to the characteristics of Nonlisted Hazardous Wastes. (Marx X in the boxes corresponding to the characteristic companient of the Combustion Processor (Indicate Type of Combustion Processor) Listed Hazardous Wastes. (See 40 CFR 281.31 - 33; See instructions if you need to list more than 12 waste codes.) 1 2 3 4 5 5 6 1 1 2 3 4 5 5 6 1 1 2 3 4 5 5 6 1 1 2 3 5 6 5 6 1 2 3 4 5 5 6 1 2 3 4 5 5 6 1 3 4 5 5 6 1 3 4 5 5 6 1 4 5 5 6 1 4 5 5 6 1 4 5 5 6 1 5 6 6 1 6 7 7 7 7 7 7 8 8 9 9 10 11 11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | III. Type of Regulated Waste Activity (A | Mark 'X' in the appropriate boxes; Refer to | Instructions) |
| Generator (See instructions) 3. Greater than 1000kg/mo (2:200 lbs.) 5. (100 to 100 kg/mo (2020 lbs.) 6. (2- Less than 100 kg/mo (2020 lbs.) 7. Transporter (Indicate Mode in boxes 1-5 below) 8. For own waste only 9. Less than 100 kg/mo (2020 lbs.) 10. Transporter (Indicate Mode in boxes 1-5 below) 10. Transporter (Indicate Mode in boxes 1-5 below) 10. For for own waste only 10. Transporter (Indicate Mode in boxes 1-5 below) 10. Transporter (Indicate Mode in boxes 1-5 below) 10. Transporter (Indicate Mode in boxes 1-5 below) 10. Transporter (Indicate Type (In | A. Hazardous | Waste Activity | B. Used Oil Recycling Activities |
| initiable 2 Correlive (D002) 3 Reactive (1 Toxicity Characteristic (D15 specific EPA hazardous waste number(3) for the Toxicity characteristic contaminant(s) (D002) 1 Characteristic (D15 specific EPA hazardous waste number(3) for the Toxicity characteristic contaminant(s) (D003) 1 D D D D D D D D D D D D D D D D D D | b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only. b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify Description of Hazardous Wastes (Us) | Installation) Note: A permit required for this activity; instructions. 4. Hazardous Waste Fuel a. Generator Marketing to Burn b. Other Marketers c. Boiler and/or industrial Furna 1. Smelter Deferral 2. Small Quantity Exempti Indicate Type of Combusti Device(s) 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace Underground Injection Contro | is a. Marketer Directs Shipment of Use Oil to Off-Specification Burner b. Marketer Who First Claims the Use Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) Combustion Device(s) a. Utility Boller b. Industrial Boiler c. Industrial Furnace 3. Used Oil Transporter - Indicate Typer of Activity(ies) a. Transporter b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) a. Process b. Re-refine |
| Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.) 1 2 3 4 5 6 Certification entity under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a stem designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the story make the possibility of fine and imprisonment for knowing violations. Name and Official Title (Type or print) Marc E. Althen Assistant Secretary Date Signed 12/04/95 Comments EC VIT PREVIOUS OWNER: KMART CORP. GLI MCHER CENTERS LIP OPPERTY OWNER: 35 N. FOURTH ST COLUMBOS OH 43215 BAHMING. | Listed Hazardous Wastes. (See 40 CFR | Characteristic (Ust specific EPA hazardous was DO 18 D 261.31 - 33; See instructions if you need to 3 4 | to list more than 12 waste codes.) |
| Certification Stem designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the individual to the possibility of fine and imprisonment for knowing violations. In atture Name and Official Title (Type or print) Marc E. Althen Assistant Secretary Date Signed 12/04/95 Comments EC VIT PREVIOUS OWNER: KMART CORP. GL) MCHER CENTERS LIP DEPERTY OWNER: 35 N. FOURTH ST COLUMBUS OH 43215 BAWN 19/16 | Other Wastes. (State or other wastes requ | uiring a handler to have an I.D. number; S | |
| ertiffy under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a stem designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person stored my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information. The information submitted is, to the studing the possibility of fine and imprisonment for knowing violations. Inature Name and Official Title (Type or print) Marc E. Althen Assistant Secretary Date Signed 12/04/95 Comments EC VIT. PREVIOUS OWNER: KMART CORP. GLIMCHER CENTERS LIP OPERTY OWNER: 35 N. FOURTH ST COLUMBUS OH 43215 BAHLO ME | 1 2 | 3 4 | 5 6 |
| persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the st of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information the possibility of fine and imprisonment for knowing violations. Name and Official Title (Type or print) Marc E. Althen Assistant Secretary Comments FC VIT. PREVIOUS OWNER: KMART CORP. GL) MCHER CENTERS LIP OPERTY OWNER: 35 N FOURTH ST COLUMBUS OH 43215 BAWA 146 | Certification | | |
| Name and Official Title (Type or print) Marc E. Althen Assistant Secretary Comments FC VIT. PREVIOUS OWNER: KMART CORP. GLIMCHER CENTERS LIP OPERTY OWNER: 35 N. FOURTH ST COLUMBUS OH 43215 BAWN 146 | ertify under seen | and all attachments were prepared under | my direction or supervision in accordance with a |
| FC VIT. PREVIOUS OWNER: KMART CORP. GLIMCHER CENTERS LIP OPERTY OWNER: 35 N. FOURTH ST COLUMBUS OH 43215 BANN 1968 | persons who manage the system, or those per st of my knowledge and helief true accurate | rsons directly responsible for gathering the | e information, the information submitted is, to the hificant penalties for submitting false information. |
| FC VIT. PREVIOUS OWNER: KMART CORP. GLIMCHER CENTERS LIP OPERTY OWNER: 35 N. FOURTH ST COLUMBUS OH 43215 BANN 1968 | persons who manage the system, or those per st of my knowledge and belief, true, accurate, a cluding the possibility of fine and imprisonmental mature | rsons directly responsible for gathering the and complete. I am aware that there are signent for knowing violations. Name and Official Title (Type or Marc E. Althen | orint) Date Signed |
| OPERTY OWNER: 35 N. FOURTH ST COLUMBUS OH 43215 BAHUN ON | persons who manage the system, or those persons who manage the system, or those persons who will be personally the possibility of tine and imprisonmentally the possibility of tine and the possibility of tine and tine and tine and tine and tine an | rsons directly responsible for gathering the and complete. I am aware that there are signent for knowing violations. Name and Official Title (Type or Marc E. Althen | orint) Date Signed |
| e: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.) | persons who manage the system, or those persect of my knowledge and belief, true, accurate, a cluding the possibility of fine and imprisonment mature Comments PREVIOUS OF CALLING | rsons directly responsible for gathering the and complete. I am aware that there are signent for knowing violations. Name and Official Title (Type or Marc E. Althen Assistant Secretary WINER: KMART CORPELLER LIP | print) Date Signed 12/04/95 |



Via Federal Express

December 5, 1995

Ms. Lynn Chao
U.S. EPA Region 3
RCRA Programs Branch
Pennsylvania Section (3 HW51)
841 Chestnut Street
Philadelphia, PA 19107

Re: Notification of Regulated Waste Activity

Penske Auto Center

Dear Ms. Chao:

Enclosed are (56) "Notification of Regulated Waste Activity" forms for the Pennsylvania Penske Auto Centers. For your information, the Kmart Auto Service Centers were bought by Penske Corporation and renamed Penske Auto Centers. The Kmart Stores will retain their EPA Identification Numbers since they will continue to generate hazardous waste. The Penske operation, located at the same physical address, will be generating degreasing solvents and brake cleaner and therefore will need a separate EPA Identification Number. Due to urgency, please process and assign EPA Identification Numbers in a timely manner.

If possible, we would appreciate a photocopy of the acknowledgement form so that we can enter the numbers into a computer database. If not possible to provide a photocopy, then we would ask that you provide the numbers by telephone or by Fax. My direct telephone number is (610) 775-6471 and Fax number is (610) 775-6442.

Thank you in advance for your assistance. If you have any questions, please contact my office.

Sincerely,

Michelle A. McMahon

Senior Environmental Engineer

MAM:jlr Enclosures 28en1205.mam